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EXAMINER	
COBANOGLU, DILEK B	
ART UNIT	PAPER NUMBER
3626	

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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	09/988,455	GRITZBACH ET AL.	
	Examiner	Art Unit	
	DILEK B. COBANOGLU	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *10 June 2008*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-5,7,9,10,12,13 and 16-18* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-5,7,9,10,12,13 and 16-18* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☐ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment received on 6/10/2008. Claims 1 and 12 have been amended. Claims 1-5, 7, 9, 12, 13, 16-18 remain pending in this application.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

3. Claims 1-5, 7, 9-10, 12-13, 16-18 are rejected under 35 U.S.C. 103(a) as being unpatentable over Peifer et al. (hereinafter Peifer) (U.S. Patent No. 5,987,519), Oba (U.S. Patent No. 5,038,800), Zaitsu et al. (hereinafter Zaitsu) (U.S. Patent Publication No. 2002/0013551 A1), Peddicord et al. (hereinafter Peddicord) (U.S. Patent No. 6,402,691 B1), Surwit et al. (hereinafter Surwit) (U.S. Patent No. 6,024,699) and further in view of David et al. (hereinafter David) (U.S. Patent No. 5,544,649).

A. Claim 1 has been amended now to recite a computerized medical diagnosis management system allowing a central operator to monitor and control predetermined number of diagnosis instruments in real time, comprising:

i. a central computer system comprising a data processor (Peifer; col. 3, lines 36-40);

ii. predetermined number of data interfaces each operatively coupled to the data processor and configured to receive data from one of the diagnosis instruments (Peifer; col. 3, line 66 to col. 4, line 3, col. 6, lines 37-40, col. 4, lines 8-13) in real time , wherein each diagnosis instrument is located at a different remote patient site (Peifer; col. 3, line 66 to col. 4, line 3 and col. 5, lines 29-48) and configured for displaying measurement data and/or diagnosis data on a local monitor allowing a local operator to monitor the diagnosis instrument at a patient site during a patient's examination;

iii. a display unit operatively coupled to the data processor and configured to represent each local monitor simultaneously, wherein the display unit is further configured to display the measurement data and/or diagnosis data in the same way as the respective local monitor, wherein a number of represented local monitors corresponds to the predetermined number of diagnosis instruments, and wherein the simultaneous representations of local monitors on the display unit allow the central operator to monitor and control the diagnosis instruments during patient examinations; and

iv. an input unit operatively coupled to the data processor and configured to allow the central operator select a diagnosis instrument from the diagnosis instruments represented on the display unit and to generate a control code for the selected diagnosis instrument (Peifer; col. 3, line 66

to col. 4, line 13), when a control instruction for actively controlling the selected diagnosis instrument is entered by the central operator through the input unit to enable active intervention in real time by the central operator during a patient's examination; wherein the data interface automatically forwards the control code to the selected diagnosis instrument. (Peifer; col. 3, line 66 to col. 4, line 13)

(1) Peifer fails to expressly teach data interface receive data from the diagnosis instruments located at remote patient sites in real time. However, this feature is well known in the art, as evidenced by Surwit.

In particular, Surwit discloses data interface receive data from the diagnosis instruments located at remote patient sites in real time (Surwit; col. 7, lines 15-63, col. 9, lines 50-67).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Surwit with the motivation of to identify medical emergency situations that require immediate attention (Surwit; col. 9, lines 50-67).

(2) Peifer fails to expressly teach displaying measurement data and/or diagnosis data on a local monitor. However, this feature is well known in the art, as evidenced by Oba.

In particular, Oba discloses displaying measurement data and/or

diagnosis data on a local monitor (Oba; abstract, col. 2, lines 54-56 and fig.2).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Oba with the motivation of displaying output on a bedside monitor (col. 3, lines 12-15).

(3) Peifer fails to expressly teach a display unit operatively coupled to the data processor and configured to represent each local monitor simultaneously, wherein a number of represented local monitors corresponds to the predetermined number of diagnosis instruments, and wherein the simultaneous representations of local monitors on the display unit allow the central operator to monitor and control the diagnosis instruments during patient examinations. However, this feature is well known in the art, as evidenced by Peddicord.

In particular, Peddicord discloses a display unit operatively coupled to the data processor and configured to represent each local monitor simultaneously, wherein a number of represented local monitors corresponds to the predetermined number of diagnosis instruments, and wherein the simultaneous representations of local monitors on the display unit allow the central operator to monitor

and control the diagnosis instruments during patient examinations (Peddicord; abstract, col. 2, lines 35-54, col. 4, lines 28-36).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Peddicord with the motivation of medical personnel can monitor a number of patients at a time (Peddicord; col. 10, lines 4-15).

(4) Peifer fails to expressly teach control instruction for actively controlling the selected diagnosis instrument is entered by the central operator through the input unit to enable active intervention in real time by the central operator during a patient's examination. However, this feature is well known in the art, as evidenced by Zaitsu.

In particular, Zaitsu discloses control instruction for actively controlling the selected diagnosis instrument is entered by the central operator through the input unit to enable active intervention in real time by the central operator during a patient's examination (Zaitsu; abstract, paragraphs 0018, 0019, 0057 and 0075).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Zaitsu with the motivation of the operator make

decisions (Zaitsu; par. 0018) and correcting the errors (Zaitsu; par. 0074 and 0075).

(5) Peifer fails to expressly teach the display unit displays the measurement data and/or diagnosis data in the same way as the respective local monitor. However, this feature is well known in the art, as evidenced by David.

In particular, David discloses teach the display unit displays the measurement data and/or diagnosis data in the same way as the respective local monitor. (David; abstract, col. 4, line 66 to col. 5, line 20, col. 5, lines 22-59, col. 13, line 65 to col. 14, line 9, figures 5 and 6).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by David with the motivation of the healthcare practitioner is able to interact with the patient as Criticare (item 100) monitors the patient (David; col. 14, lines 34-45).

B. Claim 2 recites the system as claimed in claim 1, wherein the data interface is a software module configured to access the diagnostic instruments based on addressing information for each diagnostic instrument (Peifer; col. 3, lines 60-65 and col. 4, lines 8-13).

C. Claim 3 recites the system as claimed in claim 1, wherein the data interface is configured as an Internet interface (Peifer; col. 3, lines 44-51).

D. Claim 4 recites the system as claimed in claim 1, wherein the system is configured to receive data from at least two diagnosis instruments that transmit data in dissimilar formats (Peifer; col. 3, lines 40-44 and col. 3, line 66 to col. 4, .line 3).

E. Claim 5 recites the system as claimed in claim 1, wherein the system is configured to receive data from a diagnosis instrument mounted on a mobile platform (Peifer; col. 5, lines 40-43).

F. Claim 7 recites the system as claimed in claim 1, wherein the system is configured to replicate an operating console of the diagnosis instrument in response to the control instruction (Peifer; col. 1, lines 47-59).

G. Claim 9 recites the system as claimed in claim 1, further comprising an acoustic input device configured to pick up a voice signal spoken at the site of the input unit of the diagnosis management system, wherein the data processor sends the voice signal to a selected medical diagnosis instrument (Peifer; col. 4, lines 24-46 and Fig. 2).

H. Claim 10 recites the system as claimed in claim 1, wherein the system is configured to receive image data from at least one camera installed at the site of one of the diagnosis instruments, and wherein the data interface is configured for recording the image data (Peifer; col. 4, lines 24-46 and Fig. 2).

I. Claim 12 has been amended now to recite a computerized method for managing predetermined number of medical diagnosis instruments located at remote patient sites, comprising:

i. receiving at a central computer system via a plurality of data interfaces measurement data and/or diagnosis data from the remotely located diagnosis instruments (Peifer; col. 3, line 66 to col. 4, line 13, col. 4, lines 57-63, col. 4, lines 8-13) in real time; wherein each data interface is assigned to one of the diagnosis instruments, and wherein each diagnosis instrument is located at a different remote patient site (Peifer; col. 3, line 66 to col. 4, line 3 and col. 5, lines 29-48) and configured for displaying measurement data and/or diagnosis data on a local monitor allowing a local operator to monitor the diagnosis instrument at a patient site during a patient's examination;

ii. simultaneously displaying on a display unit operatively coupled to a data processor of the central computer system a number of representations of the local monitors to allow the central operator to monitor and control the remotely located diagnosis instruments in real time during patient examinations, wherein the number of represented local monitors corresponds to the predetermined number of diagnosis instruments, and wherein the display unit displays the measurement data and/or diagnosis data in the same way as the respective local monitor;

iii. selecting a diagnosis instrument from the diagnosis instruments represented on the display unit for active control by the central operator when the central operator enters an input into the data processor (Peifer; col. 4, lines 66 to col. 5, line 13);

iv. converting the entered input into a control code for the selected diagnosis instrument to enable active intervention by the central operator during a patient's examination;(Peifer; col. 4, lines 66 to col. 5, line 13);

v. forwarding the control code from the central computer system to the selected diagnosis instrument (Peifer; col. 4, line 66 to col. 5, line 13); and

vi. controlling the diagnosis instrument in real time via user instructions delivered at an input unit operatively coupled to the central computer system.

(1) Peifer fails to expressly teach communication between the central computer system and the selected diagnosis instrument in real time. However, this feature is well known in the art, as evidenced by Surwit.

In particular, Surwit discloses communication between the central computer system and the selected diagnosis instrument in real time (Surwit; col. 7, lines 15-63, col. 9, lines 50-67).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Surwit with the motivation of to identify medical emergency situations that require immediate attention (Surwit; col. 9, lines 50-67).

- The obviousness of modifying the teaching of Peifer to include receive data from the diagnosis instruments located

at remote patient sites in real time (as taught by Surwit) is as addressed above in the rejection of claim 1 and incorporated herein.

- The obviousness of modifying the teaching of Peifer to include Simultaneously displaying on a display unit operatively coupled to a data processor of the central computer system a number of representations of the local monitors to allow the central operator to monitor and control the remotely located diagnosis instruments in real time during patient examinations, wherein the number of represented local monitors corresponds to the predetermined number of diagnosis instruments (as taught by Peddicord) is as addressed above in the rejection of claim 1 and incorporated herein.
- The obviousness of modifying the teaching of Peifer to include the display unit displays the measurement data and/or diagnosis data in the same way as the respective local monitor (as taught by David) is as addressed above in the rejection of claim 1 and incorporated herein.
- The obviousness of modifying the teaching of Peifer to include displaying measurement data and/or diagnosis data

on a local monitor (as taught by Oba) is as addressed above in the rejection of claim 1 and incorporated herein.

(2) Peifer fails to expressly teach each diagnosis instrument is configured for displaying measurement data and/or diagnosis data on a local monitor allowing a local operator to monitor the diagnosis instrument at a patient site during a patient's examination. However, this feature is well known in the art, as evidenced by Oba.

In particular, Oba discloses each diagnosis instrument is configured for displaying measurement data and/or diagnosis data on a local monitor allowing a local operator to monitor the diagnosis instrument at a patient site during a patient's examination (Oba; abstract, col. 2, lines 54-56 and fig.2). Examiner considers that since the diagnosis instruments or bedside monitors are located in an hospital or clinic environment, a local operator or a medical practitioner can monitor the instrument.

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Oba with the motivation of displaying output on a bedside monitor (col. 3, lines 12-15).

(3) Peifer fails to expressly teach controlling the diagnosis instrument in real time via user instructions delivered at an input

unit operatively coupled to the central computer system. However, this feature is well known in the art, as evidenced by Surwit.

In particular, Surwit discloses controlling the diagnosis instrument in real time via user instructions delivered at an input unit operatively coupled to the central computer system (Surwit; col. 7, lines 15-63, col. 9, lines 50-67).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Surwit with the motivation of to identify medical emergency situations that require immediate attention (Surwit; col. 9, lines 50-67).

J. Claim 13 recites the computerized method as claimed in claim 12, further comprising receiving data in dissimilar formats from at least two diagnosis instruments and processing the dissimilar format data for display in a standardized format (Peifer; col. 3, lines 40-44 and col. 3, line 66 to col. 4, line 3).

K. Claim 16 recites the computerized method as claimed in claim 12, further comprising receiving an operator voice signal and sending the voice signal to the site of the selected medical diagnosis instrument (Peifer; col. 4, lines 24-46 and Fig. 2).

L. Claim 17 recites the computerized method as claimed in claim 12.

Peifer et al. fails to expressly teach the central computer system receiving stored data saved earlier locally at one of the medical

diagnosis instruments and presenting the data on the display unit. However, this feature is well known in the art, as evidenced by Surwit

In particular, Surwit discloses a central computer system receiving stored data saved earlier locally at one of the medical diagnosis instruments (Surwit, col. 3, lines 25-32) and presenting the data on the display unit (Surwit, col. 3, lines 50-53).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the communicating video, voice and medical data between a central monitoring station and a patient monitoring station with the central computer system receiving stored data saved earlier locally at one of the medical diagnosis instruments with the motivation of central data processing system to obtain and analyze the obtained patient data, and to identify medical conditions requiring medical attention (Surwit, col. 2, lines 49-52).

M. Claim 18 recites the computerized method as claimed in claim 12, further comprising the central computer system receiving and recording image data from at least one camera located at a diagnosis instrument site (Peifer; col. 4, lines 24-46 and Fig. 2).

Response to Arguments

4. Applicant's arguments filed 6/10/2008 have been fully considered but they are not persuasive. Applicant's arguments will be addressed below in the order in which they appear.

A. Applicant respectfully request Examiner to state or point to "local monitor" in the references in the sense of the claimed invention; Examiner respectfully submits that the specification of the present invention recites "The invention provides a computerized medical diagnosis management system that includes a central computer system comprising a data processor; at least one data interface operatively coupled to the data processor and configured to receive data from two or more diagnosis instruments, wherein each diagnosis instrument is configured for displaying measurement data and/or diagnosis data on a local monitor" in paragraph 0007; Peifer teaches "a packet-based telemedicine system for communicating video, voice and medical data between a central monitoring station and a patient monitoring station which is remotely-located with respect to the central monitoring station."(Peifer; col. 3, lines 36-40) Peifer fails to expressly teach "displaying measurement data and/or diagnosis data on a local monitor ", however Oba teaches: "A system for monitoring a patient by using a local area network (LAN) to connect a central monitor, located at a nurse's station, to one or more bedside monitors, wherein the bedside monitor measures the patient's condition, for instance an electrocardiogram (ECG)." In abstract and in figure 1A recites "bedside monitor" (3A-3C). The motivation to combine these references

would have been to displaying output on a bedside monitor (Oba; col. 3, lines 12-15.

B. In response to applicant's arguments against the references individually, one cannot show nonobviousness by attacking references individually where the rejections are based on combinations of references. See *In re Keller*, 642 F.2d 413, 208 USPQ 871 (CCPA 1981); *In re Merck & Co.,* 800 F.2d 1091, 231 USPQ 375 (Fed. Cir. 1986). Applicant argues that Oba does not teach "the simultaneous display of representations of local monitors, which are located at different locations"; Examiner respectfully submits that Peifer teaches communicating medical data between a central monitoring station and a patient monitoring station which is remotely-located with respect to the central monitoring station; Oba teaches one or more bedside monitors, wherein the bedside monitor measures the patient's condition, for instance an electrocardiogram (ECG); and Peddicord teaches "an in-home remote monitoring unit 10 for use in the medical monitoring system … the main data collection station 12 can simultaneously receive and monitor the vital signs of multiple patients."

C. In response to Applicant's argument about Zaitsu does not teach "a diagnosis instrument"; Examiner respectfully submits that Zaitsu teaches "Still another object of the present invention is to provide a real-time monitoring system, a controlling method therefore and a program storage medium, which enable real-time monitoring of the operation states, arrangement/connection

states, alarm information of a plurality of medical apparatuses such as infusion pumps, syringe pumps, blood monitors, urinary volume monitors, water contents of medical fluids, states of intake and output of electrolytes and so on." In paragraph 0019.

D. In response to Applicant's argument about Peifer does not teach "a plurality of data interfaces, wherein each one is configured to receive data from one of several diagnosis instruments"; Examiner respectfully submits that Peifer teaches "The patient monitoring station of the telemedicine system of the present invention comprises a plurality of medical devices which are connected to a control unit via a medical device interface which controls the transmission of data from the medical devices to the control unit." In col. 3, line 66 to col. 4, line 3.

E. In response to Applicant's argument about Peifer's system is not suitable for allowing a central operator to monitor and control a number of diagnosis instruments, and to actively intervene at a selected patient examination; Examiner respectfully submits that Peifer teaches "The present invention provides a packet-based telemedicine system for communicating video, voice and medical data between a central monitoring station and a patient monitoring station which is remotely-located with respect to the central monitoring station. The patient monitoring station obtains digital video, voice and medical measurement data from a patient and encapsulates the data in packets and sends the packets over a network to the central monitoring station. Since the information is encapsulated in packets, the information can be sent over multiple

types or combinations of network architectures, including a Community Access Television (CATV) network, the Public Switched Telephone Network (PSTN), the Integrated Services Digital Network (ISDN), the Internet, a local area network (LAN), a wide are network (WAN), over a wireless communications network, or over an asynchronous transfer mode (ATM) network." (Peifer; col. 3, lines 36-51), "The patient monitoring station of the telemedicine system of the present invention comprises a plurality of medical devices which are connected to a control unit via a medical device interface which controls the transmission of data from the medical devices to the control unit. The patient monitoring station is configured so that the control unit and the medical devices can communicate with each other through the medical device interface." (Peifer; col. 3, line 66 to col. 4, line 3) and "The medical devices 28-30 can include, but are not limited to, blood pressure devices, thermometers, pulse oximetry devices, electrocardiograms (EKGs), scales and stethoscopes." (Peifer; col. 6, lines 37-40).

F. In response to Applicant's argument about Peddicord does not teach "the workstations 66 monitor or control the remote monitoring units 10 during patient examinations"; Examiner respectfully submits that Peddicord teaches "the main data collection station 12 is typically located in a health care facility, such as a clinic or hospital, that monitors the vital signs of numerous patients from a centralized location. The main data collection station 12 allows health care personnel to monitor the vital signs of numerous patients from a centralized

location without requiring the patient or a health care worker to physically interact with each other." In col. 4, lines 28-36.

G. In response to Applicant's argument about Peddicord does not teach "workstations 66 represent each display 28 simultaneously"; Examiner respectfully submits that Peddicord teaches "an in-home remote monitoring unit 10 for use in the medical monitoring system of the present invention. The monitoring unit 10 is a portable and transportable medical monitoring device that transmits measured patient vital signs to a main data collection station 12 through an intermediate wireless network storage unit 14, as best shown in FIG. 3. As can be seen in FIG. 3, multiple monitoring units 10 communicate either by a wireless communication device or conventional telephone modem with the wireless network storage unit 14, which in turn communicates with the main data collection station 12 such that the main data collection station 12 can simultaneously receive and monitor the vital signs of multiple patients." In col. 2, lines 35-47.

H. In response to applicant's arguments against the references individually, one cannot show nonobviousness by attacking references individually where the rejections are based on combinations of references. See *In re Keller*, 642 F.2d 413, 208 USPQ 871 (CCPA 1981); *In re Merck & Co.,* 800 F.2d 1091, 231 USPQ 375 (Fed. Cir. 1986). Applicant argues that David does not teach "a display unit that represents each local monitor simultaneously" Examiner

respectfully submits that this limitation has been taught by Peddicord as discussed above in the section of F.

I. In response to Applicant's argument about David does not teach "displaying the data in the same way as the respective local monitor"; Examiner respectfully submits that David teaches "…If the patient's data is being simultaneously transmitted to the central station 20, the patient's ECG or cardiac activity can be displayed on displays 78 and 82, respectively. Alternatively, the patient's oximetry data may be displayed for a given period of time on a separate display 154." In col. 13, lines 35-54 and in figure 5, and "monitoring the medical condition of a patient in a home environment. The patient 16 may have in his home 10 a variety of equipment for measuring the medical condition of the patient and the present example shown in FIG. 6 is for purposes of illustration, and not limitation. The patient 16 in this example has a Criticare monitor unit 100 to which patient 16 is hooked up and the Criticare monitor 100 measures the pulse rate, blood pressure, oximetry, and temperature of the patient and displays the information on the screen of the monitor unit 100… The patient is seated in the chair 105 a sufficient distance away from the camera 22 such that the field of view of the camera 22 includes the entire patient's body, as well as the screen of the Criticare monitor 100 or the display 210 of the unit 102 (FIG. 10)."

Conclusion

5. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

6. A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

7. Any inquiry concerning this communication or earlier communications from the examiner should be directed to DILEK B. COBANOGLU whose telephone number is (571)272-8295. The examiner can normally be reached on 8-4:30.

8. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Christopher L. Gilligan can be reached on 571-272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

9. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a

USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/D. B. C./
Examiner, Art Unit 3626

/C Luke Gilligan/
Supervisory Patent Examiner, Art Unit 3626